

A Guide to the Wisconsin Medicaid Supplemental Security Income (SSI) Managed Care Program

Expansion Booklet



The information in this booklet is for
The Wisconsin Medicaid SSI Managed Care
Program.

Questions? Call toll free at 1-800-291-2002
(Español and Hmong translated).

Department of Health and Family Services
Division of Health Care Financing

[English]

For help to translate or understand this document, please call 1-800-291-2002.

[Español]

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-291-2002.

[Russian]

Если вам не всё понятно в этом документе, позвоните по телефону 1-800-291-2002.

[Hmong]

Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-800-291-2002.

[Laotian]

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[Hearing Impaired]

For help to understand this document, please call TDD/TTY 1-800-291-2002.



Do you receive Supplemental Security Income (SSI) or SSI-related Medicaid?

If you are eligible for SSI or SSI-related Medicaid, you get your health care with a Forward card like this one. You may now be able to join the SSI Managed Care Program to receive your Medicaid benefits.

What is the SSI Managed Care Program?

The SSI Managed Care Program is a group of health plans that provide health care services. These health plans are called Managed Care Organizations (MCOs). You may get your health care from an MCO if you:

- Live in the MCO service area,
- Are age 19 or older,
- Receive Medicaid and Supplemental Security Income (SSI) or receive SSI-related Medicaid because of a disability determined by the Disability Determination Bureau,
- Are not living in an institution or nursing home, and
- Are not participating in a Home and Community Based Waiver Program (for example, CIP or COP).

Must I choose a Managed Care Organization (MCO)?

Many people who receive Medicaid and Supplemental Security Income (SSI) or receive SSI related Medicaid because of a disability determined by the Disability Determination Bureau must choose an MCO. Others may choose to join an MCO.

The letter in this enrollment packet tells you if you must choose an MCO. If you are not sure if you must choose an MCO, **call the Enrollment Specialist at 1-800-291-2002**. Most people who get this booklet must choose an MCO to get health care. But, you do not have to choose an MCO if you:

- ✓ Receive both Medicaid and Medicare or,
- ✓ Are in the Medicaid Purchase Plan (MAPP) or,
- ✓ Were enrolled in this Medicaid SSI Managed Care Program at any time in the past.

If you do not enroll in this program, you will continue to receive services under regular (fee-for-service) Medicaid.



What are the benefits of signing up with a Managed Care Organization (MCO)?

MCOs provide the same services as regular Medicaid:

- Doctor visits and hospital care.
- Eye care including eye glasses.
- Outpatient and emergency care.
- Drugs (if you have Medicare Part D drug coverage, Medicare will cover most of your prescription drugs).
- Mental health services.
- Medical supplies and equipment.
- Substance abuse (alcohol and other drug abuse) services.
- Dental care in certain counties.
- Physical and occupational therapy.
- Home health services.
- Speech, hearing and language disorder services.
- Personal care services.

If you enroll in an MCO you also get:

- An assessment of your medical and social service needs.
- A care plan that includes both medical and social services.
- Health Care Coordination and a Health Care Coordinator to help you arrange for your care and services.
- No co-payments for covered services, including covered prescriptions.
- Help choosing health care providers near your home.
- Help finding the right health care services.

What is Health Care Coordination?

Health Care Coordination is another MCO benefit that brings the services of your primary doctor, specialty doctor, and community agencies together. Health Care Coordination helps people with special health care needs, including people with disabilities and other chronic medical conditions such as diabetes or asthma get the best possible care.

Your Health Care Coordinator will be a specially trained person such as a nurse or social worker who will help you get the health services you need.



Your Health Care Coordinator will:

- ✓ Do evaluations to better understand your health care needs.
- ✓ Develop a health care plan just for you. With your help, this health care plan will identify the services that will help you the most.
- ✓ Help you with referrals to specialty doctors and other services.
- ✓ Help arrange transportation to and from medical appointments.
- ✓ Help you make doctors' appointments if you need help.
- ✓ Connect your health care services to other services you need and use, such as county services, housing, or public health.

Call your MCO to ask about Health Care Coordination services.



What is the difference between regular (fee-for service) Medicaid and the Managed Care Program?

Regular Medicaid	Managed Care Program
You can see any providers and hospitals that take Medicaid.	You must see providers and hospitals that are in the plan.
It may be hard to find doctors who accept Medicaid.	The MCO will help you find the doctors you need.
You may not have one primary doctor or nurse who keeps track of all of your health care.	You choose one doctor or nurse who keeps track of all of your care. This is your primary care provider .
You do not need a referral from your doctor to see a specialist.	You may need a referral from your doctor to see a specialist.
If your doctor is not available evenings or on weekends, you must find another doctor to give you care.	If your doctor is not available evenings or on weekends, the MCO's 24-hour telephone number will help you get care.
You may be responsible for co-payments for some medical services.	MCO members do not have to pay co-payments for covered medical services.
You are responsible for finding services that meet your health care needs.	Health Care Coordinators will evaluate your health care needs, and then create a plan that meets your special needs. They will help you get the health services you need and connect you to other services.



How do I choose a Managed Care Organization (MCO)?

It is important to choose the MCO that best meets your health care needs. Ask your health care providers which Medicaid health plans they belong to. Your health care providers include your:

- ✓ Primary care doctor,
- ✓ Mental health provider,
- ✓ Specialty doctor,
- ✓ Personal care provider,
- ✓ Home health care provider,
- ✓ Hospital, and
- ✓ Pharmacy.

The Managed Care Organization (MCO) your health care providers accept could be the one for you! Your health care providers may not all belong to one MCO. Then you will need to decide which provider is most important to you.

Other things to consider are:

- What hours are the doctors, clinics, and other providers open that belong to the MCO?
- Do any of them have evening hours?
- Do you have other health insurance? You will be expected to see health care providers who accept your other insurance as well as your MCO.

Call the **Enrollment Specialist at 1-800-291-2002** for help in picking the best health plan for your needs.

What happens if I do not choose an MCO?

If you are in the group that must choose an MCO, and you do not make a choice, an MCO will be chosen for you.



Get In Touch

For help to find the health plan that is best for you, call the **Enrollment Specialist at 1-800-291-2002** (voice/TDD/TTY), Monday through Friday, 7 a.m. to 6 p.m. The Enrollment Specialist provides language translations for those who need it.

The Enrollment Specialist will:

- Tell you which MCOs are available in your area.
- Find out if your doctor, hospital, or clinic belongs to the MCO.
- Help you select a health plan over the telephone.
- Help you fill out the MCO Enrollment Choice Form enclosed.
- Answer your questions about how the MCO works.

How do I sign up with a Managed Care Organization (MCO)?



You can fill out, sign, and mail the Enrollment Choice Form found in this packet. Only the MCOs listed on the form are available in your area.



You can call the Enrollment Specialist at 1-800-291-2002 to give your choice of MCO over the telephone.



You can meet with the Enrollment Specialist face-to-face. Call 1-800-291-2002 for details.

What happens after I sign up with a Managed Care Organization (MCO)?

You will get a membership packet that will tell you more. The membership packet lists the doctors, hospitals, and clinics that belong to your health plan. It will also explain the services your MCO provides.

Call your MCO to:

- Find out the doctors and clinics you can use.
- Pick or change your primary care provider.
- Set up a date for your health assessment.
- Report if you need emergency or urgent care.



If you are not satisfied with the services, doctors, hospitals, or clinics provided by your MCO, call the **Enrollment Specialist at 1-800-291-2002**. The Enrollment Specialist can help you take the next step.

What if I am not happy with my MCO?

You can change to a different MCO during the first four (4) months of your enrollment. You can also change to a different MCO at any time after 12 months of enrollment.

Call the **Enrollment Specialist at 1-800-291-2002** if you want to choose a different MCO.

Can I leave the Managed Care Program and go back to regular Medicaid?

If you are required to choose an MCO, you can go back to regular Medicaid after you try enrollment with the MCO for two (2) months.

You can request this change any time up until the end of your fourth month of enrollment.

You can also go back to regular Medicaid any time after 12 months of enrollment.

If you are **NOT** required to choose an MCO, you can go back to regular Medicaid at any time.

If you want to go back to regular Medicaid, call the **Enrollment Specialist at 1-800-291-2002**. The Enrollment Specialist can tell you when your regular Medicaid coverage will begin.



You Have Rights!

As a member of a Managed Care Organization (MCO) in Wisconsin, you have important rights:

- You have the right to information about your MCO and how it works.
- You have the right to ask questions and to file complaints and appeals.
- You have the right to fair treatment.

Assistance for People with Disabilities

People with disabilities have the right to receive assistance. The health care providers in your Managed Care Organization (MCO) must assist people with disabilities. The Americans with Disabilities Act (ADA) guarantees this right. This means the doctor's office or hospital must be easy to enter and exit. Your Health Care Coordinator can make sure the doctors office or hospital meets your needs.

Assistance for People Who Are Deaf or Hard of Hearing

The health care providers in your MCO must provide interpreter services for people who are deaf or hard of hearing.

Assistance for People Who Speak Different Languages

The health care providers in your MCO must provide interpreter services for people who speak different languages.

Assistance for People Who are Blind or Visually Impaired

If you are blind or visually impaired, you can get a copy of the MCO's member handbook and other information in Braille or on audiotape.

You Have Responsibilities

To get the best health care, you have to be responsible for:

- Telling the doctors and nurses how you feel.
- Getting medical care when you need it.
- Taking your prescriptions and following the doctors' advice.



- Following the MCO's rules for getting health services.
- Keeping the appointments you make.
- Asking your doctor, MCO, or care coordinator questions.
- Telling your MCO what you think so that they can help you get the best health care.



If You Have Problems or Questions

If you have questions or problems about your doctor, you're health care, or your Managed Care Organization (MCO) we want you to know what to do.

There are people that will help you get the health care you need. There are also many ways to solve problems and answer questions.

Examples of Problems and Questions:

- Being refused care.
- Unable to get an appointment?
- Unable to see the doctor of your choice or a specialty doctor?
- Unable to find someone who speaks your language?
- Unhappy with the health care provider's attitude?
- Not getting help when you call the MCO's 800 number?
- Being denied medically necessary equipment or services.
- Getting a bill your MCO should pay.

If these questions or problems happen to you, you can make things better. See **Who to Call for Help** on the following pages.



Who to Call

To Enroll:

If you need help with enrollment into a Managed Care Organization (MCO) call:

MCO Enrollment Specialist: [Voice/TDD/TTY] 1-800-291-2002

With Questions About Health Care Services:

If you have questions about the health care services your Managed Care Organization (MCO) provides or other general questions, call the MCO's Member Services:

Abri Health Plan

(262) 946-1160 or (888) 999-2404
[TDD/TTY] (262) 946-1259 or (800) 947-3529

Independent Care Health Plan (iCare)

(414) 223-4847 or (800) 777-4376
[TDD] (800) 947-3529

Managed Health Services

(414) 443-3400 or (866) 608-3400
[TDD/TTY] (414) 345-4621 or (800) 446-6136

Network Health Plan

(414) 443-3400 or (886) 608-3400
(TDD/TTY) (414) 345-4621 or (800) 446-6136

UnitedHealthcare of WI

(800) 504-9660
[TDD] (800) 324-7448

With Problems Getting Services:

If you have problems getting services while you are enrolled with your Managed Care Organization (MCO) call the MCO Advocate.



Abri Health Plan

(262) 834-1136 or (888) 999-2404
[TDD/TTY] (262) 834-0122 or (800) 947-3529

Independent Care Health Plan (iCare)

(414) 223-4847 or (800) 777-4376
[TDD] (800) 947-3529

Managed Health Services

(414) 443-3400 or (866) 608-3400
[TDD/TTY] (414) 345-4621 or (800) 446-6136

Network Health Plan

(414) 443-3400 or (886) 608-3400
(TDD/TTY) (414) 345-4621 or (800) 446-6136

UnitedHealthcare of WI

(800) 504-9660
[TDD] (800) 324-7448

Complaints or Grievances:

If you have a complaint or grievance with your Managed Care Organization (MCO) call:

External Advocate

(800) 708-3034 or (414) 773-4646

Medicaid Eligibility:

If you need help with your Medicaid eligibility contact your local county Department of Human or Social Services Agency, or

Social Security Administration

(800) 772-1213

If you lose your Wisconsin Medicaid Forward card:

Recipient Services

(800) 362-3002



